

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042693

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

11-1-11 NOV 26 1963

3000

371

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville, Mo.		c. CITY OR TOWN Kirkville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS 713 W. Hamilton	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) James Russell Babcock		4. DATE OF DEATH Month Nov. Day 12, Year 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-24-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) disabled painter		10b. KIND OF BUSINESS OR INDUSTRY painter	11. BIRTHPLACE (City and state or country) Kirkville, Mo.
13a. FATHER'S NAME Fred W. Babcock		13b. MOTHER'S MAIDEN NAME Ida Mae Broyles	14. NAME OF HUSBAND OR WIFE Josephine Strait Babcock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII		16. SOCIAL SECURITY NO. Missouri	
17. INFORMATION Mrs. Josephine Babcock		Address Kirkville, Hamilton	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TOXIC COMA DUE TO (b) PORTAL CIRRHOSIS OF LIVER DUE TO (c) WITH TREMENDOUS ASCITES		INTERVAL BETWEEN ONSET AND DEATH 12 Hours UNKNOWN "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC CHOLECYSTITIS - CHOLELITHIASIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:32 a.m. Month, Day, Year 10-31-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION KIRKVILLE, MO.	
20g. COUNTY Adair		20h. STATE Mo.	
21. I attended the deceased from 10-31-63 to 11-12-63 and last saw him alive on 11-12-63 Death occurred at 6:32 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Dee Riley	
22b. ADDRESS Kirkville, Mo.		22c. DATE SIGNED 11-13-63	
23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE Nov. 26, 1963	23c. NAME OF CEMETERY OR CREMATORY Ownbey Cemetery	
23d. LOCATION (City, town, or county) Kirkville, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Dee Riley Funeral Home, 415 N. Franklin		25. DATE RECD. BY LOCAL REG. 11-16-1963	
26. REGISTRAR'S SIGNATURE David W. Rattiff		27. REGISTRAR'S ADDRESS Kirkville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Permit issued Nov 16, 1963

EARL LAACHLIN, JR. D.O.

DEC 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.